

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036323

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 102 Registrar's No. 5006

FILED SEP 27 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>50 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>215 N. Clinton Pl.</u>		d. STREET ADDRESS (If outside, give location) <u>215 N. Clinton Pl.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SAM</u> Middle <u>MICELI</u> Last <u>MICELI</u>		4. DATE OF DEATH Month <u>9</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-1-1916</u>
9. AGE (last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Man</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Italy</u>	
11. BIRTHPLACE (City and state or country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Adolgo Miceli</u>		13b. MOTHER'S MAIDEN NAME <u>Stella</u>	
14. NAME OF HUSBAND OR WIFE <u>Stella</u>		Address <u>215 N. Clinton Pl.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Stella Miceli</u>	
17. INFORMANT <u>Stella Miceli</u>		Address <u>215 N. Clinton Pl.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Artery Thrombosis</u> DUE TO (b) <u>Coronary Artery Atherosclerosis</u> DUE TO (c) <u>Coronary Artery Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>11:45 p.m.</u> Month, Day, Year <u>Jan 1960</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kansas City</u>	
20f. CITY, TOWN, OR LOCATION <u>Jackson</u>		COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>Jan 1960</u> to <u>Sept 1963</u> and last saw him alive on <u>Aug 1963</u> Death occurred at <u>11:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>L. Shireman, M.D.</u> (Degree or title)	
22b. ADDRESS <u>4606 St. John Ave</u>		22c. DATE SIGNED <u>9-11-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-13-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
24. FUNERAL DIRECTOR <u>Assantino Bros</u> ADDRESS <u>Kc Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-12-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bease Smith</u>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

K. L. Shireman MEDICAL CERTIFICATION

*Dr. Shuman*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*A. C. Lassantino*

Licensed Embalmer No. 4554

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.